induced us to substitute the subcarbonate, as being more nearly allied in its chemical constitution to the hydrated sesquioxide of iron.

The mass last thrown up was subjected to the different tests, and proved beyond a doubt that the poison was arsenic.

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ART. XI.—*Spontaneous Cure of Artificial Anus after the Operation for Strangulated Femoral Hernia.* By D. LEASURE, M.D., of New Castle, Penna.

ON Monday, the 6th of July, 1857, at eight o'clock in the morning, I was called to MRS. C——, aged 46, of feeble health and delicate constitution, labouring under strangulated femoral hernia of the right side. The hernia had been of two years' standing, and frequently protruded, but the patient was always able to reduce it by lying upon her back, and manipulating in the usual manner. She had never worn a truss. On the Saturday preceding my visit, while attending to some of the more laborious household duties, she felt her rupture enlarge, but paid no attention to it till at bedtime, when she undertook its reduction as formerly, but failed to accomplish it. She let it alone till morning (Sunday), when, after repeated failures to reduce it, vomiting and severe pain set in, which continued during the day. A homœopathic practitioner, living next door, was called in, who used the ordinary *remedies* in such cases made and provided by that school for "obstinate vomiting," but without any very marked effect. Some allowance may be made, however, in this instance, as neither the lady nor her attendant friends informed the medical man of the existence of "a lump in the groin" till late at night, when he at once laid a lump of ice upon it, with directions to keep it and others there till morning. Morning came, and as the patient seemed rather worse, the doctor advised that the case be passed over to me, and withdrew.

I found her, on my arrival, in the condition usually existing in similar instances—severe pain, obstinate vomiting, constipation, and hiccough. The "lump in the groin" was so badly frozen with the ice which still lay upon it, that I was obliged to gradually permit a return to the natural temperature, before I dared to manipulate it. By four o'clock P.M., I thought it safe to make attempts at reduction. In the mean time, I had put her under the influence of full doses of morphia, with the effect of allaying the pain, and arresting the incessant vomiting, and the patient expressed herself as feeling easy and comfortable. After half an hour of very careful manipulating, I found no impression had been made upon the tumour, and as I had a most painful phlegmon on my right hand, I obtained the assistance of my friend, Dr. S. M. Hamilton, who, after a long time, say three-quarters of an hour of steady, firm pressure, succeeded, as we both thought, in reducing it. There

was no gurgling or sudden subsidence of the tumour, but it seemed as though the protruded bowel had gradually returned into the abdomen. The tumour had entirely disappeared. The patient was left feeling greatly relieved, and she rested well until the following evening, when, during a fit of coughing, the tumour returned, and with it the pain and vomiting. I attempted its reduction, but failed, after repeated efforts. Dr. Hamilton was absent, and I again put her upon the use of full doses of morphia, with warm fomentations to the hernia; and at midnight attempted the reduction, and failed. There being no urgent symptoms, I left her till morning, and returned, and during the forenoon made repeated long-continued and persistent efforts at reduction, all to no purpose. Still, as there were no urgent symptoms to render an operation imperative, I delayed till the moment should arrive when further delay would be criminal. At two o'clock in the afternoon, I received a telegraphic dispatch, calling me to the bedside of a friend some hundred miles distant, supposed to be dying from retention of urine. Accordingly, I placed my patient under the care of one of my professional friends, with instructions to *coax* the case, but by no means to attempt violent measures of reduction till my return, and at the same time left instructions to send in Dr. Hamilton, also a surgeon, as soon as he should return home. This was on Wednesday afternoon. I returned on Thursday morning, to find her apparently moribund. She vomited constantly, and the ejections were stercoraceous, and foully offensive. She had violent convulsive hiccough, was cold and clammy, with sunken eyes, pulseless wrist, and wandering intellect. The tumour was doughy, and cold, and purple.

My friend, with whom I had left her in charge, informed me that he had done his *best* to reduce the hernia, and I have no doubt of it, but like myself, he had failed, and he felt disinclined towards an operation at that late hour. I immediately stated to the patient's husband the desperate, forlorn hope of an operation, and the formation of an artificial anus, as being still in store, and consent was cheerfully given; and assisted by my friends Drs. J. S. Cosset and J. H. M. Peebles (Dr. Hamilton still being absent), I put her under the influence of ether, and proceeded to operate. On making the usual oblique-topped T incision through the integuments, which were discoloured, but not gangrenous, and exposing the sac, it was found to be entirely gangrenous, and pulled to pieces, in attempting to deflect it from the bowel beneath, which presented a knuckle about the size of an ordinary almond. There was no omentum in the sac, and the surface of the intestine, though altogether chocolate-coloured, was still possessed of the ordinary peritoneal polish. There were numerous and firm adhesions of the lower surface of the bowel to the sac, which was not gangrenous at that part.

I found a stricture at the crural sheath, which I divided, and on passing the finger up to the edge of the crural arch, I found there a stricture also, which nipped the bowel very tightly, making quite an indentation with its sharp edge. I divided this also, and now the question presented itself, what should

I do with the bowel? It was adherent to the posterior surface of the sac, it was badly nipped, though not hopelessly disorganized, and, to all appearance, the patient was "past praying for." I broke up the adhesions carefully, and returned the strangulated portion of intestine *entirely within* the cavity, in the hope that if the patient survived, the natural warmth and moisture of the parts would favour a return of full vitality to the partially gangrenous bowel, and if artificial anus should ensue, the angle formed in the gut would be more obtuse, and the spur, or eperon, might not be so long or acute as to interfere with spontaneous healing, and the integrity of the bowel, without an operation. The returned portion of intestine was left entirely within the abdomen, but in contact with the crural opening. A compress and bandages were applied, and the patient put to bed, and a half a tumbler of brandy administered. She immediately rallied, and, on the following morning, took a light breakfast, with manifest relish. I gave no medicine of any kind whatever, but left the case entirely to nature. There was no motion of the bowels, nor any discharge from the wound, until the *fourth day*, when a thin watery discharge took place from the latter; and on the sixth day, the contents of the bowels escaped freely from the orifice, establishing an artificial anus. This continued to discharge, and the lower portion of the bowel remained *entirely inactive*, until, at the end of the fourth week, there was a natural stool per anum, without the administration of either laxative or enema, and the character of the dejection did not differ in appearance from an ordinary passage in health. The opening in the groin was kept closed by a slight compress and bandage, and the patient sat or walked about the house with ease and comfort, except when there would be a slight discharge from the artificial opening, consisting, in part, of the contents of the bowel, till, at the end of the tenth week after the operation, the wound entirely closed, and the patient's health is quite as good as previous to the operation. She wears a soft, hollow, padded truss, more as a measure of precaution than any absolute necessity. In this operation, the lateness of its performance, and its seeming hopelessness, make it one of interest, while the breaking up of the adhesions, and return of the strangulated intestine *entirely within* the cavity of the abdomen, but in apposition with the femoral opening, may not be deemed altogether an orthodox method of forming artificial anus. Nor, indeed, do I either justify or recommend it to others, but simply state it fairly, as one instance of its kind, to take its place in the statistics of the history and surgery of hernia.

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ART. XII.—*Case of Hæmatocele.* By JOHN H. PACKARD, M. D.

NOTWITHSTANDING the voluminous writings on surgical subjects which have been presented to the profession, cases are constantly met with in prac-